

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: HOUSING AUTHORITY OF THE CITY OF CAMDEN County: Camden  
Employee Organization: AFSCME Council 71, Local 3974 Employees in Unit: 8  
Base Year Contract Term: 1/1/2007 12/31/2011 New Contract Term 1/1/2012 12/31/2015  
Type of Settlement: ☒ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... Salary	\$173,451	\$417,776
Item 2 ..... Increment		
Item 3 ..... Longevity	\$10,000	\$15,000
Item 4 .....		
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	\$183,451 (Total)	\$432,776 (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$183,451			
Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015
Percent Increase .....	0	3	1	1.5
Total cost of increase ..	\$0	\$244,325	\$4,178	\$6,329
Total base salary (successor agreement) .....	\$173,451	\$417,776	\$421,954	\$434,612

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 1.38  
Dollar Impact (average per year over term of agreement) \$63,708.00

### Section VI

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1			
Cost of Health Plan .....					
Employee Contributions .....	5%	10.3%			
Prescription .....					
Dental .....	5%	25%			
Vision .....					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.  
*to the best of her knowledge, belief + information*

### Section VII

Prepared by: Lisa Hendricks Richardson Title: Staff Attorney  
Signature: [Signature] Date: 4/10/11

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning information 1/1/2012 thru 12/31/2015.

Employer: Housing Authority of the City of Camden


County: Camden

Date: 4/10/2014

Name: Lisa Hendricks Richardson

Print Name

Title: Staff Attorney

  
Signature